

# CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-006150**

|  |  |  |  |   |  |                                |
|--|--|--|--|---|--|--------------------------------|
| <b>GENERATOR</b> (Generator Must Complete)               |  | ③ Designated TSD Facility (Authorized to operate under an approved state program or federal program) |  | ④ Alternate TSD Facility                |  | SFUND RECORDS CTR<br>999000371 |
| ② Name <b>ALUMINUM COMPANY OF AMERICA VERNON WORKS</b>   |  | Name <b>OPERATING INDUSTRIES</b>   |  | Name <b>BKK CO.</b>                     |  |                                |
| EPA NO. <b>C A D 0 7 4 1 2 6 6 8 1</b>                   |  | EPA NO. <b>C A D 0 8 0 0 1 2 0 2 4</b>   |  | EPA NO. <b>C A D 0 6 7 7 8 6 7 4 9</b>  |  |                                |
| Address <b>5151 ALCOA AVE.</b> Phone No. <b>588-6141</b> |  | Address <b>900 N. POTRERO GRANDE DR.</b>   |  | Address <b>2210 AZUSA AVENUE</b>        |  |                                |
| City, State, Zip <b>VERNON, CA 90058</b>                 |  | City, State, Zip <b>MONTEREY PARK, CA</b>  |  | City, State, Zip <b>WEST COVINA, CA</b> |  |                                |

|   |                       |              |                                    |                          |   |
|---|-----------------------|--------------|------------------------------------|--------------------------|---|
| ⑤ U.S. DOT PROPER SHIPPING NAME<br><br>WASTE<br>WASTE | U.S. DOT HAZARD CLASS | UN/NA ID NO. | WEIGHT OR VOLUME<br><br><b>100</b> | UNITS<br><br><b>BBLS</b> | CONTAINERS NUMBER: /<br>TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS<br><input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK<br><input type="checkbox"/> OTHER |
|---|-----------------------|--------------|------------------------------------|--------------------------|---|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| ⑥ WASTE CATEGORY <b>8 #7</b>   |  | ⑦ EX. HAZ. WASTE PERMIT NO.                                    |  | ⑧ GENERATING PROCESS <b>ALUMINUM FABRICATION</b> |  |
| LIST COMPONENTS:   |  | CONC. UPPER<br><b>95</b>                                       |  | RANGE LOWER                                      |  |
| ⑨ A. <b>WATER</b>  |  | UNITS <input type="checkbox"/> % <input type="checkbox"/> ppm. |  | E.   |  |
| B. <b>Sludge</b>   |  | <input type="checkbox"/> % <input type="checkbox"/> ppm.       |  | F.   |  |
| C.   |  | <input type="checkbox"/> % <input type="checkbox"/> ppm.       |  | G.   |  |
| D.   |  | <input type="checkbox"/> % <input type="checkbox"/> ppm.       |  | Non Hazardous Material <b>100</b> %              |  |
| ⑩ WASTE PROPERTIES: pH <b>7</b> <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen                  |  |  |  |  |  |
| ⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other <b>ALUMINUM OXIDES &amp; WATER</b> |  |  |  |  |  |
| ⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other   |  |  |  |  |  |

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬   
 Signature of Authorized Agent and Title

**3/30/83**  
 Date Shipped

|  |  |  |  |
|--|--|--|--|
| <b>TRANSPORTER</b> (HAULER MUST COMPLETE)                            |  | ⑮ PICK-UP DATE <b>3-30-83</b>  |  |
| ⑭ NAME <b>ASBURY OIL CO.</b>   |  | TIME <b>330</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |  |
| EPA NO. <b>C A D 0 2 8 2 7 7 0 3 6</b>                               |  | ⑯<br>Signature of Authorized Agent and Title                                       |  |
| ADDRESS <b>13419 Halldale Avenue</b> PHONE NO. <b>(213) 321-1392</b> |  | <b>3-30-83</b><br>Date   |  |
| CITY, STATE, ZIP <b>Gardena, California 90249</b>                    |  |  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>TSD FACILITY</b> (FACILITY OPERATOR MUST COMPLETE)                         |  | ⑰ NAME                                       |  | ⑳ HANDLING OR DISPOSAL METHOD:  |  |
| ⑰ NAME <b>OPERATING INDUSTRIES</b>  |  | QUANTITY (If Measured)                       |  | <input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill |  |
| EPA NO. <b>C A D 0 8 0 0 1 2 0 2 4</b>  |  | ⑱ STATE FEE (If Any)                         |  | <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment           |  |
| PHONE NO.   |  |  |  | <input type="checkbox"/> Treatment (Specify)  |  |
| ㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:       |  | <b>K001000</b>                               |  | <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer      |  |
| IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: |  |  |  |   |  |
| ㉒ NAME  |  | ㉓<br>Signature of Authorized Agent and Title |  | <b>4-13-83</b><br>Date Accepted   |  |
| EPA NO.   |  |  |  |   |  |